

	A	B	C	D
1	<b>2020-2021 GHT</b>			
2	<b>WCA Group Health Trust</b>			
3	<b>7/1/2020-6/30/2021</b>			
4	<b>Cedar Grove Belgium School District</b>			
5				
6	<b>HIGH DEDUCTIBLE PLAN</b>			
7	<b>Network</b>		<b>UHC +</b>	
8	<b>Plan Type</b>		<b>High Deductible - Plan 2</b>	
9			<b>Embedded</b>	
10				
11		<b>In Network</b>		<b>Out of Network</b>
12	<b>Deductible</b>	\$4,000/\$8,000		\$12,000/\$24,000
13	<b>Coinsurance</b>	100%		70%
14	<b>Maximum Out of Pocket</b>			
15	(Ded & Coninsurance Only)	\$4,000/\$8,000		\$14,500/\$29,000
16	<b>Medical Benefits</b>			
17	Hospitalization	Deductible/100%		Deductible/70%
18	Office Visit	Deductible/100%		Deductible/70%
19	Specialist Office Visit	Deductible/100%		Deductible/70%
20	Preventative Exam	100%/Ded Waived		Deductible/70%
21	Chiropractic Office Visit	Deductible/100%		Deductible/70%
22	Phys/Occ/Speech Therapy	Deductible/100%		Deductible/70%
23	Urgent Care	Deductible/100%		Deductible/70%
24	Emergency Room Care	Deductible/100%		PPO Deductible/100%
25	<b>Mental Health/Subst. Abuse:</b>			
26	Office Visit	Deductible/100%		Deductible/70%
27	Inpatient	Deductible/100%		Deductible/70%
28	Outpatient	Deductible/100%		Deductible/70%
29	High Tech Imaging Coverage	Deductible/100%		Deductible/70%
30	Oral Surgery	Deductible/100%		Deductible/70%
31	All Other Medical Services	Deductible/100%		Deductible/70%
32	Teladoc Benefits		PPO Deductible/100%	
33	Gern Med/Behav Hth/Derm		<i>General Medical</i>	
34	<b>Pharmacy Benefits</b>			
35	Drug Plan	Retail, 30 Days		PPO Deductible/100%
36		Retail, 31-90 Days		PPO Deductible/100%
37		Mail Order 90 Days		PPO Deductible/100%
38		Specialty, Mail, 30 Days		Limited to 30 Days
39				
40			Mandatory Generic: Included in Medical	
41			RX Max Out-of-Pocket: No	
42	<b>OTHER BENEFITS</b>			
43	Waiver of Premium		No	
44	Employee Clinic		No	
45	Wellness Grant		No	
46	Annual Exam Gift Card		No	
47	Health Club Reimbursement		Yes	